

# 2014 Options Allowance And Premium Rates

2014 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$228.00
You only	\$757.46
You + 1 family member	\$1,382.02
You + 2 or more family members	\$1,632.60

Medical Plans	You Only	You + 1	You + 2 or More
Kaiser	\$606.79	\$1,216.57	\$1,410.66
UnitedHealthcare HMO	\$587.37	\$1,189.60	\$1,377.50
UnitedHealthcare Choice Plus PPO	\$1,562.36	\$3,158.27	\$3,658.85
Waive coverage			
Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$40.48	\$67.82	\$102.25
DeltaCare	\$15.41	\$25.41	\$37.59
SafeGuard	\$11.34	\$21.87	\$28.51
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	<p>Monthly premiums are based on age and salary.</p> <p>The County pays 15% of the monthly premium.</p>
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit)		
Coverage (all family members):	\$5,000	\$0.88
	\$10,000	\$1.75
	\$15,000	\$2.63
	\$20,000	\$3.50
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.13	\$0.25
\$ 25,000	\$0.33	\$0.63
\$ 50,000	\$0.65	\$1.25
\$ 100,000	\$1.30	\$2.50
\$ 150,000	\$1.95	\$3.75
\$ 200,000	\$2.60	\$5.00
\$ 250,000	\$3.25	\$6.25
No coverage		

Medical Coverage Protection (LTD Health Insurance)	
LTD Health Insurance — 100%    \$3.00	

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month